

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

In addition to the limitations specified on pages 1 through 4 regarding services, the following limitations also apply to the noted services:

- 2a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and
 - 2b. identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider
 - 2c. service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public
 - 2d. Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
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3. Services will provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Laboratory Provider Manual. Such threshold requirements are applicable to specific provider service types including laboratories. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
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5. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Physician Provider Manual. Such threshold requirements are applicable to specific provider service types including physicians, for services furnished in the office or patient's home. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

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9. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
- 11a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
- 11b. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.
- 11c. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Clinic Provider Manual. Such threshold requirements are applicable to specific provider service types including medical clinics, dental clinics and mental health clinics certified under Article 28 of the Public Health Law and/or Article 31 of the Mental Hygiene Law. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipients per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

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ATTACHMENT 3.1-A

Supplement

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- 12a. Services will be provided in accordance with the utilization threshold requirements described in departmental regulations and identified for providers in the MMIS Pharmacy Provider Manual. Such threshold requirements are applicable to specific provider service types including pharmacy for prescription items and their refills, over the counter medications, and medical/surgical supplies dispensed by a community or outpatient pharmacy. The requirements mandate that providers obtain prior authorization for the provision of services in excess of prescribed utilization thresholds per recipient per benefit year, unless the services provided were urgent or emergent in nature, or otherwise excluded.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York State

CASE MANAGEMENT SERVICES

A. Target Group:

See attached Target Group "A".

B. Areas of State in which services will be provided:

☐ Entire State.☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

The counties of Albany, Allegany, Cayuga, Chemung, Columbia, Cortland, Dutchess, Fulton, Genesee, Herkimer, Jefferson, Livingston, Madison, Monroe (zip codes 14605, 14621 and 14609), Onondaga, Orange, Orleans, Rensselaer, St. Lawrence, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Washington, Westchester, Wyoming, Yates and New York City (Bronx Commun. Dist. 1-4, Brooklyn Commun. Dist. 5,8,9,16-18, Manhattan Commun. Dist. 9-12, Queens Commun. Dist. 3,4,6,7,8,11-13, and Richmond Commun. Dist. 1-3)

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See attached

E. Qualification of Providers:

See page 1-A10

TM No.

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State/Territory: New York State

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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A. TARGET GROUP

The primary targeted group consists of any adolescent, male or female, under 21 years of age who is a categorically needy or medically needy Medicaid eligible and is a parent and resides in the same household with his or her child(ren), or is pregnant.

The target group may also consist of any eligible child of an adolescent or any adolescent, male or female under 21 years of age, who is a categorically needy or medically needy Medicaid eligible and is deemed to be at risk of pregnancy or parenthood and meets one or more of the following at-risk criteria:

- 1) receives public assistance in his or her own right;
- 2) is homeless or at imminent risk of becoming homeless;
- 3) has had an abortion or miscarriage
- 4) has had a pregnancy test, even if the test outcome was negative;
- 5) is sexually active;
- 6) is the non-custodial mother or father of a child;
- 7) is the younger sibling of an individual who was or is a teenage parent;
- 8) is a rape or incest victim;
- 9) has dropped out of high school without graduating;
- 10) is having academic and/or disciplinary problems in school;
- 11) requests case management activities, or his or her authorized representative requests such activities on behalf of the adolescent; or
- 12) is the child of adolescent parent(s).

Sixty percent of the current ADC cases in New York State are headed by mothers who were teenagers when they gave birth to their first child. The goal of case management for this target population is to provide access for youth to medical, educational, employment and other services which will increase their potential to become financially independent. Case management services continue for this target population through age 21.

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- B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED TO TARGET GROUP A
Case management services will be provided to residents of the following counties: Albany, Allegany, Cayuga, Chemung, Columbia, Cortland, Dutchess, Fulton, Genesee, Herkimer, Jefferson, Livingston, Madison, Monroe (zip codes 14605, 14621 and 14609), Onondaga, Orange, Orleans, Rensselaer, St. Lawrence, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tompkins, Ulster, Washington, Westchester, Wyoming, Yates and New York City (Bronx Commun. Dist. 1-4, Brooklyn Commun. Dist. 5,8,9,16-18, Manhattan Commun. Dist. 9-12, Queens Commun. Dist. 3,4,6,7,8,11-13, and Richmond Commun. Dist. 1-3)
- D. DEFINITION OF COMPREHENSIVE MEDICAID CASE MANAGEMENT REIMBURSABLE UNDER MEDICAID

Case management is a process which will assist persons eligible for Medical Assistance to access necessary services in accordance with goals contained in a written case management plan.

BASIC PREMISES OF COMPREHENSIVE MEDICAID CASE MANAGEMENT

1. Case management services are those services which will assist persons eligible for Medical Assistance to obtain needed medical, social, psychosocial, educational, financial and other services.
2. Case management is a human services agency tool for the effective management of multiple resources for the benefit of individuals identified as high utilizers of service, or having problems accessing care, or belonging to certain age, diagnosis or specialized program groups. Effective management is concerned with service: the quality, adequacy and continuity of service, and a concern for cost effectiveness to assure each eligible individual served receives the services appropriate to their needs. Targeted groups consist of persons with multiple needs or high vulnerability who require intensive and/or long term intervention by health and other human service providers.

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3. Case management services enable Medicaid eligibles to exercise their freedom of choice by providing knowledge of services available to them, providing access to the most appropriate service to meet their needs and assisting them to achieve their maximum level of functioning and independence in their most appropriate environment. Case managers do not have the authority to prior authorize Medicaid services or to limit the amount, duration or scope of Medicaid services.
4. Case management empowers the individual by encouragement in the decision making process, allowing choice among all available options as a means of moving the individual to the optimum situation where the person and/or his/her support system can address his/her needs. Case management implies utilization and development of such support networks as will maximize the effectiveness, efficiency and accountability of support services on behalf of the individual.

DEFINITION OF CASE MANAGEMENT RELATED TO TARGET GROUP A

Case management for Target Group A means those activities performed by case management staff, in consultation with an adolescent parent of an eligible child or with a eligible adolescent and other individuals involved with the child or adolescent if appropriate, related to ensuring that the adolescent and child have full access to the comprehensive array of services and assistance available in the community which the adolescent needs to maintain and strengthen family life and to attain or retain capability for maximum self support and personal independence.

Case management for Target Group A requires referral to and coordination with medical, social, educational, psycho-social, employment, habilitation, rehabilitation, financial, environmental, legal and child care services available within the community appropriate to the needs of the adolescent.

CASE MANAGEMENT FUNCTIONS

Case management functions are determined by the recipient's circumstances and therefore must be determined specifically in each case and with each recipient's involvement. A separate case record must be established for each individual recipient of case management services and must document each case management function provided, including:

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- A. **Intake and screening.** This function consists of: the initial contact with the recipient providing information concerning case management; exploring the recipient's interest in the case management process; determining that the recipient is a member of the provider's targeted population; and, identifying potential payors for services.
- B. **Assessment and reassessment.** The case manager must secure directly, or indirectly through collateral sources, with the recipient's permission: a determination of the nature and degree of the recipient's functional impairment through a medical evaluation; a determination of the recipient's functional eligibility for services; information from other agencies/individuals required to identify the barriers to care and existing gaps in service to the recipient; assessment of the recipient's service needs including medical, social, psychosocial, educational, financial and other services; and, a description of the recipient's strengths, informal support system and environmental factors relative to his/her care.
- C. **Case Management plan and coordination.** The case management activities required to establish a comprehensive written case management plan and to effect the coordination of services include: identification of the nature, amount, frequency, duration and cost of the case management services required by a particular recipient; selection of the nature, amount, type, frequency and duration of services to be provided to the recipient with the participation of the recipient, the recipient's informal support network and providers of services; specification of the long term and short term goals to be achieved through the case management process; collaboration with hospital discharge planners, health care providers and other service providers, including informal caregivers and other case managers, through case conferences to encourage exchange of clinical information and to assure:
1. the integration of clinical care plans throughout the case management process;
 2. the continuity of service;
 3. the avoidance of duplication of service (including case management services); and,

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4. the establishment of a comprehensive case management plan that addresses the medical, social, psychosocial, educational, and financial needs of the recipient.
- D. **Implementation of the case management plan** includes: securing the services determined in the case management plan to be appropriate for a particular recipient through referral to those agencies or persons who are qualified to provide the identified services; assisting the recipient with referral and/or application forms required for the acquisition of services; advocating for the recipient with all providers of service; and developing alternative services to assure continuity in the event of service disruption.
- E. **Crisis intervention** by a case manager or practitioner when necessary, includes: assessment of the nature of the recipient's circumstances; determination of the recipient's emergency service needs; and, revision of the case management plan, including any changes in activities or objectives required to achieve the established goal.
- F. **Monitoring and follow-up** of case management services includes: assuring that quality services, as identified in the case management plan, are delivered in a cost-conscious manner; assuring that the recipient is adhering to the case management plan; ascertaining the recipient's satisfaction with the services provided and advising the preparer of the case management plan of the findings if the plan has been formulated by a practitioner; collecting data and documenting in the case record the progress of the recipient; making necessary revisions to the case management plan; making alternate arrangements when services have been denied or are unavailable to the recipient; and, assisting the recipient and/or provider of services to resolve disagreements, questions or problems with implementation of the case management plan.
- G. **Counseling and exit planning** include: assuring that the recipient obtains, on an ongoing basis, the maximum benefit from the services received; developing support groups for the recipient, the recipient's family and informal providers of services; mediating among the recipient, the family network and/or other informal providers of services when problems with

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COMMUNICABLE DISEASES

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